

DATE RECEIVED BY DMV



MOTOR CARRIER (CA) #

## APPLICATION FOR MOTOR CARRIER PERMIT

The information required on this form pertains to eligibility for issuance of a Motor Carrier Permit and is required under authority of Division 14.85 of the California Vehicle Code (CVC). Failure to provide the information required under CVC Section 34621 is cause for refusal to issue a Motor Carrier Permit. The information provided on this form is public record, regularly used by law enforcement agencies, and is open to inspection by the public.

Type of application: ☐ Original Permit - Full Year ☐ Reinstatement ☐ Renewal

### SEASONAL

☐ ORIGINAL Check the 6 to 11 months the permit will be valid for operation.

☐ EXTENSION Check the one or more additional months you will be operating.

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

Any attached lists containing information requested in this application, are incorporated as part of the application by reference.

### PART 1: OPERATING STATUS *(Check and complete the sections that apply to your operation)*

- ☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY
- ☐ NON-PROFIT ORGANIZATION ☐ GOVERNMENT AGENCIES
- ☐ OWNER OPERATOR

Owner Operator: Holds a class A or class B driver's license or a class C license with a hazardous materials endorsement. Owns, leases, or otherwise operates not more than one power unit and not more than three towed vehicles. CVC 34624 (a)(1)(2)

### PART 2: CARRIER IDENTIFICATION *[Check and complete the applicable section(s).]*

NAME (LAST, FIRST, M.I.)		FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
NAME OF CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY (LLC) (AS REGISTERED WITH CALIFORNIA SECRETARY OF STATE)		DRIVER LICENSE NUMBER	STATE ISSUED
NAME OF GENERAL OR MANAGING PARTNER, PRINCIPAL OFFICER, MEMBER OR MANAGER		TITLE	
NAME OF AUTHORIZED REPRESENTATIVE	E-MAIL ADDRESS (OPTIONAL)	TELEPHONE NUMBER ( )	
CORPORATE OR LLC NUMBER ISSUED BY CALIFORNIA SECRETARY OF STATE		STATE INCORPORATED	DATE INCORPORATED Mo. ____ Day ____ Year ____

List the names of all partners, corporate officers or LLC members or managers. *(Attach a separate sheet if necessary.)*

1.	2.
3.	4.

### PART 3: DBA AND TRADE NAMES *(List all Business DBA's and Trade Names) Attach a separate sheet if necessary.*

A. \_\_\_\_\_

B. \_\_\_\_\_

### PART 4: PRINCIPAL PLACE OF BUSINESS *(If more than one location, list the main office)*

BUSINESS ADDRESS (PHYSICAL ADDRESS - NO P.O. BOX)	CITY	COUNTY	STATE	ZIP CODE	COUNTRY
A. _____					
MAILING ADDRESS (IF DIFFERENT)	CITY	COUNTY	STATE	ZIP CODE	COUNTRY
B. _____					

**PART 5: TRANSPORTATION ACTIVITIES - REQUIRED INFORMATION** (Check all that apply) *Must be completed in full. A minimum of one checked box is required*

- ☐ A. US Mail. Permit not required if contracted exclusively with the USPS to transport mail.
- ☐ B. Property under contract with US Government (other than US Mail).
- ☐ C. 500 pounds or more of any hazardous material for-hire or as a delivery service to customers.
- ☐ D. Hazardous materials in amounts that require the display of hazard placards. (Must also mark E, F, G, H, I, T, U or V.)
- ☐ E. Oil listed in Section 172.101 of Title 49 CFR but not listed in G or H.
- ☐ F. Non-RCRA hazardous waste as defined in Section 25117, California Health and Safety Code and Section 66261.1 of Title 22, California Code of Regulations, but not included in G or H.
- ☐ G. Hazardous substances as defined in Section 171.8 of Title 49 CFR, liquefied compressed gas, or compressed gas, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons.
- ☐ H. Any quantity of division 1.1, 1.2, or 1.3 explosives; any quantity of poison gas (poison A); or highway route controlled quantity radioactive materials as defined in Section 173.403 of Title 49 CFR.
- ☐ I. Hazardous materials in any amount as defined in Section 171.8 of Title 49 CFR (including hazardous substances and hazardous waste) and listed in Section 172.101 of Title 49 CFR, but not included in G or H.
- ☐ T. Petroleum products in bulk, including waste petroleum and waste petroleum products.
- ☐ U. Property other than listed in E, F, G, H, I, or T when transported in vehicles 10,000 lbs. GVWR or more.
- ☐ V. Property other than listed in E, F, G, H, I, or T when transported in vehicles under 10,000 lbs. GVWR.
- ☐ No change.

**PART 6: TYPE OF VEHICLES - REQUIRED INFORMATION** (Check all that apply) *Must be completed in full.*  
*A minimum of one checked box is required*

- ☐ A. Any motor vehicle, including automobiles and motorcycles, used to transport property for-hire or compensation.
- ☐ B. Any motortruck of two or more axles that is more than 10,000 lbs. GVWR (except a pickup used in non-commercial use).
- ☐ C. Motortrucks of three or more axles which are more than 10,000 lbs. GVWR.
- ☐ D. Truck tractors.
- ☐ G. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck has a GVWR of 10,000 lbs. or less. Exclude any vehicle that meets the CVC definition of camp trailers, trailer coaches, or utility trailers.
- ☐ H. Any combination of a motortruck and any vehicle(s) exceeding 40 ft. in length when coupled together, where the truck has a GVWR of more than 10,000 lbs. Exclude any vehicle that meets the CVC definition of camp trailers, trailer coaches, or utility trailers.
- ☐ I. Any truck, or any combination of a truck and any other vehicle, transporting hazardous materials. (See Part 5 above.)
- ☐ J. Any commercial motor vehicle with a GVWR of 26,001 or more lbs.
- ☐ K. Any commercial motor vehicle with any GVWR towing any vehicle with a GVWR of more than 10,000 lbs. except combinations including camp trailers, trailer coaches, or utility trailers.
- ☐ L. Any other motortruck, not identified above, that is regulated by the Public Utilities Commission (PUC) or the Federal Highway Administration (formerly the Interstate Commerce Commission) related to hours of service and driver's logbooks.
- ☐ M. Motor vehicles 10,000 lbs. or less GVWR.
- ☐ No change.

**PART 7: OTHER IDENTIFICATION NUMBERS** *(Check all that apply and enter the numbers)*

- A. ☐ **ICC** MC \_\_\_\_\_ ☐ **PUC** CAL-T \_\_\_\_\_  
☐ **IFTA** \_\_\_\_\_ ☐ **US DOT** \_\_\_\_\_  
☐ **International Registration Plan** \_\_\_\_\_
- B. If you have interstate authority, enter your total California intrastate fleet miles traveled during the permit period. \_\_\_\_\_  
 Enter Nationwide fleet miles traveled during the permit period. \_\_\_\_\_

**If this is a business with prior operations enter the mileage from the last permit period. If this is a new business without prior operations use the estimated mileage from the IRP Schedule B form.**

## PART 8: BIT AND CSAT INFORMATION

- A. Are you enrolled in the CHP, Biennial Inspection of Terminal (BIT) program? ☐ Yes ☐ Exempt  
If you are not sure if you should be enrolled in the BIT program, contact your local CHP area office.
- B. Are you enrolled in a Controlled Substance and Alcohol Testing program (CSAT)? ☐ Yes ☐ Exempt  
If you are not sure if you are required to be enrolled in a CSAT program, contact your local CHP area office.

**All motor carriers of property who employ drivers, use family members and/or voluntary drivers who are required to be licensed as commercial drivers with a commercial Class A, B, or a Class C driver license with a hazardous materials endorsement, or a certificate (as stated in CVC Section 1808.1(1)) must be enrolled in the DMV Employer Pull Notice (EPN) Program. Applicants who check box B shall be enrolled in the EPN program under the department's requestor code number. If you require forms or have any questions regarding the EPN program, please call (916) 657-6346.**

- ☐ A. I employ or use drivers required to be commercially licensed with a commercial Class A, B, or a Class C license with an endorsement. My EPN Requester Code number is: \_\_\_\_\_
- ☐ B. I am an owner/operator who owns, leases, or operates one vehicle that requires a commercial Class A, B or a Class C license with an endorsement.
- ☐ C. I do not employ drivers; however I own, lease, and/or operate more than one vehicle that requires a commercial Class A, B, or a Class C license with an endorsement to operate. My EPN Requester Code number is: \_\_\_\_\_
- ☐ D. I employ or use drivers, however, my operations do not require commercial licenses.
- ☐ E. I do not employ or use drivers and my operation does not require a commercial license.

A. In the space(s) below, enter the number of power units (not trailers) owned, registered, leased and/or operated during the last permit period. If this is a new business without prior operations or permits, enter the number of power units to be operated during the permit period applied for.

- ☐ For Hire: \_\_\_\_\_ (Transports property for compensation.)
- ☐ Private: \_\_\_\_\_ (Transports only your goods using a motor truck or truck tractor with a GVWR of more than 10,000 lbs. Does not transport any property for compensation or profit.)  
This includes refuse and waste transporters.

- B. List the license plate number, the state that issued the plate number, and the Vehicle Identification Number (VIN) for each power unit (not trailers) in operation as part of the fleet. Continue on a separate sheet if necessary, using the format shown below.

LICENSE NUMBER	STATE ISSUED	VEHICLE IDENTIFICATION NUMBER (VIN)

All motor carriers of property with a carrier fleet of 20 or more commercial vehicles must report the number, classification, and gross annual salary of all employees and owner operator drivers hired or engaged. As it applies to MCP, 'All employees' only refers to mechanics, drivers, and Owner Operators hired or engaged during the previous reporting period. If you need additional space, attach an 8 ½" x 11" sheet of paper.

Number of employees and owner-operator drivers hired in the last permit period \_\_\_\_\_.

[illegible]

## PART 12: WORKERS' COMPENSATION

If you employ any person(s) in your carrier operations that subject you to the Workers' Compensation laws of California, then proof of Workers' Compensation insurance must be filed. Acceptable forms are:

- A Certificate of Insurance (DMV 65 MCP (REV. 7/2002)) submitted by your insurance provider.
- A Certificate of Insurance (SCIF 10262 or SCIF 10265) submitted by the State Compensation Insurance Fund or
- A Certificate of Consent to Self-Insure issued by the Director of the Dept. of Industrial Relations.

**A. If final judgement in a Workers' Compensation case has not been entered against you, check this box.**

- ☐ I certify that a final judgement has not been entered against my operation pursuant to section 3716.2 of the California Labor Code (Workers' Compensation violations).

**B. If you qualify for a Workers' Compensation exemption, check this box.**

- ☐ I certify that I do not employ any person(s) in a manner so as to become subject to the Workers' Compensation laws of California.

## PART 13: CERTIFICATION *Must be completed in full.*

The person signing the certification must be the individual, owner/operator, general partner, principal corporate officer, or principal LLC member or manager or authorized employee shown on page 1.

*I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

DATE	SIGNED AT (CITY)	SIGNATURE <b>X</b>
TITLE		PRINTED NAME OF PERSON SIGNING

Please include your payment with the application. Make your check or money order payable to the Department of Motor Vehicles. If your check is not honored by the bank, a \$30 dishonored check fee will be assessed and your permit may be cancelled. Contact the Motor Carrier Permit Branch at (916) 657-8153 should you have any questions.

Completed application must be mailed to:

**DEPARTMENT OF MOTOR VEHICLES  
MOTOR CARRIER PERMIT BRANCH MS: G875  
P.O. BOX 932370  
SACRAMENTO, CA 94232-3700**

**PART 14: FEE CALCULATIONS — To determine fees, follow the steps below based on the appropriate category.**

**A. FULL YEAR INTRASTATE CARRIERS (*Only doing business in California*)**

Select the chart on the next page that applies to your operation (either Private or For-Hire), then locate your fleet size. The amount you owe is located next to the appropriate fleet size on the chart.

**EXAMPLE:** A For-Hire carrier with a fleet of 15 power units owes \$710.

**B. FULL YEAR INTER/INTRASTATE CARRIERS (Doing business in more than one state.)**

1. Follow the instructions shown above (Section A) and enter the amount. \$ \_\_\_\_\_
2. Enter total intrastate (**California**) miles\* as shown in part 7 of application. \_\_\_\_\_
3. Enter **total** Interstate mileage (**this includes California mileage**) as shown in part 7 of application. ÷ \_\_\_\_\_
4. Divide the California miles by Interstate miles (lines 2 and 3) and enter the resulting California mileage percentage. \_\_\_\_\_ %
5. Multiply the original fee amount shown on line 1 by the California mile percentage from line 4 to obtain amount due. \$ \_\_\_\_\_

**EXAMPLE:**  $\frac{\text{Total CA MI}}{\text{Total MILES}} \div = \text{_____ \%}$

$\text{_____ \%} \times \$ \text{ FEES DUE} = \$ \text{ AMOUNT OWED}$

\*For interstate and foreign motor carriers of property, enter the fleet miles traveled in California in intrastate commerce. In the absence of records to establish intrastate fleet miles, enter the total fleet miles traveled in California (those derived from interstate and intrastate moves).

**C. SEASONAL INTRASTATE CARRIERS**

See the seasonal chart on the next page. Locate the number of months the permit will cover on the top row of the chart and the fleet size on the left to determine the fees due.

**D. SEASONAL EXTENSION**

1. Locate the fee due per month of extension from the last column of the chart on the next page. Multiply that amount times the number of months the permit is being extended.
2. Add \$5.00 to the amount identified on line 1 of this section. This is the amount you owe.

**EXAMPLE:**  $\frac{\text{Extension fee per month based on fleet size} \times \# \text{ of months extended}}{\text{extended}} + \$5 = \text{fee due.}$

## FEE CHARTS FOR FULL YEAR PERMITS

FOR HIRE MOTOR CARRIER FEE CHART		PRIVATE MOTOR CARRIER FEE CHART	
Fleet Size	Fees	Fleet Size	Fees
1	\$ 120	1-10	\$ 35
2-4	200	11-20	240
5-10	475	21-35	325
11-20	710	36-50	430
21-35	975	51-100	535
36-50	1,310	101-200	635
51-100	1,610	201-500	730
101-200	1,935	501-1000	830
201-500	2,240	1001-2000	930
501-1000	2,545	2001 & Above	1,030
1001-2000	2,830		
2001 & Above	3,030		

## FEE CHART FOR SEASONAL PERMITS

The minimum permit period allowed is six months and the maximum is eleven months. The original seasonal permit issued may be extended should you need to operate for additional months beyond those indicated in this application. For each extension request, a \$5 fee is required along with an additional fee portion for each additional month per Revenue & Taxation Code Section 7236 (a) (3).

Fleet Size	6-Months	7-Months	8-Months	9-Months	10-Months	11-Months	Extension Request Fee	Extension Fee Per Month
1 .....	\$ 90	\$ 95	\$ 100	\$ 105	\$ 110	\$ 115	\$ 5	\$ 5
2-4 .....	141	152	163	174	185	196	5	11
5-10 .....	338	361	384	407	430	453	5	23
11-20 .....	480	520	560	600	640	680	5	40
21-35 .....	655	710	765	820	875	930	5	55
36-50 .....	874	948	1,022	1,096	1,170	1,244	5	74
51-100 .....	1,075	1,165	1,255	1,345	1,435	1,525	5	90
101-200 .....	1,289	1,398	1,507	1,616	1,725	1,834	5	109
201-500 .....	1,486	1,612	1,738	1,864	1,990	2,116	5	126
501-1000 .....	1,688	1,831	1,974	2,117	2,260	2,403	5	143
1001-2000 .....	1,884	2,043	2,202	2,361	2,520	2,679	5	159
2001 & Above .....	2,032	2,199	2,366	2,533	2,700	2,867	5	167

**NOTE:** The above fee schedules should be used for original MCP applications with an effective date on or after January 1, 2001, and for renewal MCP applications with a term expiration date on or after December 31, 2000.